

# SHIPPING REQUEST (SR)

Engineering and Science Contract Group  
2224 Bay Area Blvd.  
Houston, Texas 77058



REQUEST NO. 5340-0001

SHIPPING CONTROL NUMBER <u>792456129532</u>		SHIP TO (Not applicable if in place) IABG Dept TR60 Einsteinstrasse 20 D-85521 Ottobrunn Germany	
SHIPPING DATE/SHIPPING CLERK'S INITIALS <u>12-6-05</u>		CONTACT Anton Grillenbeck TELEPHONE NUMBER 49 89 60 88 39 09 MARK FOR Anton Grillenbeck	
QA STAMP (If flight)		CURRENT LOCATION	
SHIPPING WEIGHT <u>1</u>	NUMBER OF BOXES <u>1</u>	PURCHASE ORDER NUMBER	
SHIP VIA (CARRIER) <u>Fedex</u>	MODE	REQUIRED DELIVERY DATE	
RMA NUMBER		<input type="checkbox"/> RUSH PRIORITY 1 Place controlled and noncontrolled on separate SRs and state class per line item (Class I, Class II, Class III, and GSE) if applicable.	

LINE ITEM	QTY	U/M	PART NUMBER/DESCRIPTION/ SERIAL NUMBER OR LOT NUMBER	FLT CLASS	TAG NUMBER	UNIT VALUE	TOTAL LINE VALUE
1	1		Data CD for IABG	III		5.00	5.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
10							0.00

FOR INTERNATIONAL SHIPMENTS (Contact ESCG export control manager for guidance)

- ☐ Public domain, general business, or marketing information  
☒ Data, hardware, or software Department of Commerce license no.: EAR 99, NLR  
☐ Data, hardware, or software Department of State license/agreement no.: \_\_\_\_\_  
☐ EAR exemption: \_\_\_\_\_  
☐ ITAR exemption: \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

I certify that the contents of this correspondence or parcel have been correctly identified as stated above. I certify that such transmittal is in compliance with the U.S. Government export regulations and Company policy.

AUTHORIZED BY (Print name) <u>Michael F. Foley</u>	TELEPHONE <u>281-461-5654</u>	SIGNATURE <u>Michael F. Foley</u>	ORG. CODE <u>4390</u>	DATE <u>12/05/05</u>
REASON FOR SHIPMENT			SHIPPING CHARGE NUMBER <u>1007-ET00-0100-2530</u>	
<input type="checkbox"/> REJECTED MATERIAL <input type="checkbox"/> RETURN OF DEMO/LOAN PROPERTY <input type="checkbox"/> OVERSHIPMENT <input type="checkbox"/> PROPERTY TRANSFER <input type="checkbox"/> REPAIR AND RETURN <input type="checkbox"/> OTHER (EXPLAIN BELOW)			REQUESTOR/ORG. CODE <u>HSING JU / 4814</u>	
REMARKS (open document, shipping/packing instructions, etc.)			EXPORT/IMPORT COORDINATOR <u>[Signature]</u>	
			DATE <u>12/06/05</u>	

54